

# One Way Inn Soccer Camp Registration Form 2009

**PLEASE PRINT. Please complete one form for each child attending Soccer Camp.**

Camper's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Soccer Experience on a Team: None \_\_\_\_\_ 1-2 Years \_\_\_\_\_ 3-4 Years \_\_\_\_\_ 4+ years \_\_\_\_\_

Age: \_\_\_\_\_ Year of birth: \_\_\_\_\_ Grade in September 2009: \_\_\_\_\_ Boy or Girl: \_\_\_\_\_

T-Shirt Size: Youth: L \_\_\_ **OR** Adult: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_

Health Card Number: \_\_\_\_\_

Any Health Concerns: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Parents'/Guardians' E-mail: \_\_\_\_\_

Emergency Name & Phone #: \_\_\_\_\_

## **WAIVER OF LIABILITY, DISCLAIMER AND PERMISSION**

I acknowledge that participation in athletics involves the risk of physical injury. I further acknowledge that the programs of One Way Inn Youth Centre and Bendale Bible Chapel are primarily administered by volunteers rather than trained professionals.

Therefore I release, discharge and hold harmless One Way Inn Youth Centre and Bendale Bible Chapel, its employees, volunteers and other representatives from claims arising out of or relating to illness, physical injury or other damages that may result while participating in this soccer camp. I also ensure that my child is physically capable to participate in this event.

However, if camp staff determines that participation in any activities would be injurious to my child's health, or should my child become ill or injured, I consent to his or her removal and treatment when necessary by any physician or medical care provider at the direction of the soccer camp staff.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Return registration forms with a cheque payable to "**Bendale Bible Chapel**" to:

One Way Inn Youth Centre / Soccer  
330 Bellamy Road North, Scarborough, Ontario M1H 1E8.